

any standing would think of denying that responsibility; many of them, like *Collier's* and the *Ladies' Home Journal*, take pride in it and brag about it. Are the publications of these state medical societies any less reputable than private publishers? Should they be any less honest in looking after the interests of their subscribers? It is not possible to answer these questions in the affirmative. Then why do they publish such advertisements? It cannot be through ignorance, for a letter addressed to the Council would at once dispel the ignorance. Can it possibly be that societies of this character are willing to sell out for the dirty dollars of the nostrum maker? Perish the thought! It must be ignorance.

A number of physicians have complained of the activities of the Board of Pharmacy in administering what is known as "section eight of the poison law." This **WARNING TO PHYSICIANS.** portion of the law regulating the sale of poisons is a very important one to physicians. It specifically says that

"It shall be unlawful for any practitioner of medicine, dentistry or veterinary medicine to furnish to or to prescribe for the use of any habitual user of the same, any cocain, opium, morphin, codein, heroin or choral hydrate . . . provided, however, that the provisions of this section shall not be construed to prevent any duly licensed physician from furnishing or prescribing in good faith for the habitual user of any narcotic drugs who is under his professional care, such substances as he may deem necessary for their treatment, when such prescriptions are not given or substances furnished for the purpose of evading the purposes of this act."

The section seems to be unusually clear in its wording and plain in its meaning. A physician may prescribe for a drug habitue who is his patient, in good faith, a sufficient quantity of his drug. The prescription must be written in good faith; it must be for one who is the actual patient of the physician. It does not mean that any doctor may write one or more prescriptions for morphin for anyone who comes into his office and makes a strong plea for it. It does not mean that a doctor may sign a hundred or more prescriptions in blank and leave them at some drug store so that the pharmacist may sell the stuff under the protection of a "prescription"—and then divide with the dishonest doctor. Shocking as it may seem, this has actually been done by a licensed physician in this state, and a member of his county medical society. Some men seem to think that their rights or privileges have been invaded by this poison law; they have not; any physician has as much right to prescribe or give morphin, cocain, chloral, etc., honestly and legitimately as he ever had. It is claimed that detectives from the Board of Pharmacy have come into doctors' offices, told heartrending tales, and been given prescriptions which were afterward used in evidence against the doctor. This may or may not be true, but it certainly is true that in nearly, if not quite every case

where a physician has been arrested under this law, he has plead guilty and paid his fine. The Secretary of the Board of Pharmacy advises us that they never make an arrest on a single violation of the law; it is only when one of their inspectors has obtained several prescriptions for one or other of the proscribed drugs, that arrests are made. It is also true that a good many physicians are far too careless in believing what they are told and in giving prescriptions for narcotic drugs. Then there is another class that is composed of dishonest physicians; they sell prescriptions of this sort for a price; sometimes they sell the drug itself—one licensed physician in the South made a living solely by selling morphin and cocain to habitues. Truly, a nice occupation. Remember the poison law and do not be inveigled into violating it by the hard-luck story of some one who is not your patient.

To say that cheap work is poor work is but another way of phrasing the Biblical statement that "the laborer is worthy of his hire." If he is not, then is he **CHEAP WORK POOR WORK.** a mighty poor laborer and unworthy of any hire.

In this world (whatever may be the case in others) one gets just about what he pays for; "something-for-nothing" is a beautiful dream. All of which is apropos of a card announcing, on one side, the location of the "Pacific Wassermann Laboratories," and on the other giving a scale of prices for various forms of laboratory work. This "laboratory" is, we are advised, operated by an ex-hospital steward and another whose term of enlistment has not expired. The prices quoted are absurd; they would make a competent man blush. "Wassermann test, \$5.00. Widal, \$1.00. Urine, chemical and microscopic, \$1.50. Feces, for typhoid bacillus, \$3.00. 606 prepared, \$2.00." And so on down the list. It is obvious that if some physicians did not patronize these cheap people, they could not pay office rent and have cards printed. And yet it is difficult to imagine what sort of physician would place any dependence upon the reports from men who are probably trained only in the routine work of preparing material for examination but, without medical education or experience, could not possibly be competent to give an opinion of any real value on their findings. One can but pity the case of the patient who places himself in the hands of a physician who will, in turn, place his own reputation and possibly the future of his patient, in the hands of such cut-rate gentry. Cheap work is poor work.

In spite of all that has been said or can be said in favor of a sane Fourth of July celebration, there will be, if not always, at least for a long time to come, a certain number of idiots who will shoot or wound themselves or others in their desire to make a noise on that day. It is a well recognized fact that tetanus is quite apt to occur after gun-shot or toy-pistol wounds, and it is also recognized that the prophylactic use of tetanus antitoxin is greatly reducing the death rate

TETANUS ANTITOXIN.

from this disease. All manufacturers of this antitoxin are now making reliable preparations and are getting them out in time for use in the treatment of injuries attendant upon the crazy Fourth. In every case of gunshot or similar wound, the antitoxin should be used immediately as a prophylactic measure; it is pretty cheap insurance against a most unpleasant infection—tetanus.

On another page will be found the list of the Lane Lectures for 1911, together with the subjects of each discourse and the date and hour. As suggested in a previous issue of the JOURNAL, these lectures should be of special interest, not alone to the physician who is particularly interested in eye diseases, but also to the general practitioner and to the diagnostician. The treatment of the subject is such as to bring out forcibly the relation of the eye to the rest of the human economy in disease. There will be two lectures a day, one at 11 in the morning and the other at 4:30 in the afternoon, the first on August 21st and each day thereafter to and including the 25th.

If the *Journal* of the American Medical Association had done nothing more than to collect and compile the returns of accidents and deaths as a result of the idiotic celebration of the 4th of July, it would have enough excuse for the high position which it holds. Year after year children were injured, burned, maimed or killed as a result of accidents from firearms, etc., and while everybody knew that this was so, more or less, nobody paid any particular attention to it. Until the returns for the whole country were gathered together by the *Journal*, the ghastliness of the needless slaughter was not forced upon one. For some years past, the *Journal* has, each year, presented the net cost in life and health of the old-time noisy firecracker, toy-pistol celebration of the 4th of July, in a way to attract the attention of anyone who thinks; and a good many people have thought about it. The "sane fourth" idea is gaining in popular esteem and more and more communities are excluding the deadly toy-pistol and similar devices for making a senseless noise—and doing a great deal of harm. The credit for this progressive popular move should be given where it is rightly due—to the *Journal* of the American Medical Association.

Is the manner in which we handle those who are mentally deranged, sane or insane? It certainly is not human! For years Dr. Hoisholt and others have pointed out, in papers read before various county societies and before the State Society, the inhuman and almost criminal manner in which insane patients are treated under the laws of California. It may be said that the condition in California is no worse than in almost every other state. From time to time the State Society has passed resolutions on the matter. The Texas State Medical

Association, at its last meeting, passed resolutions on the same subject and it is evident that equally brutal conditions prevail in that state. But what can we do about it? It is a matter of politics. At the present time sheriffs and deputy sheriffs are charged with the care of insane persons and the bringing of them to the state institution. They get fees and mileage for this work—and every little bit helps. One way of spelling the kind of politics that we ordinarily get is "votes." All of these gentlemen are in politics; each one of them commands a certain number of votes or a certain influence in his district. He does not want the present system changed, for then he would lose his fees and his mileage. The state hospital nurse, who should be sent to take charge of the patient and bring him quietly and properly to the institution, is not in politics; has no command of votes or influence; cannot have much persuasion upon the legislator. And with the legislator it is mostly votes that count, not abstract principles of right or wrong. Passing resolutions in California or in Texas is a harmless pastime that disturbs no one; and also, it has no effect; votes count. What can one possibly expect of a legislature that will actually pass a bill rewarding any one who has successfully broken the laws of the state for fifteen years? What humanitarian advancement can one expect at the hands of a legislature that will go back into the middle ages and attempt to do away with vaccination? Legislating is a gentle and joyous pastime—but votes count, not resolutions or principles.

With the increasing use of salvarsan, we now find scattered through the literature many reports of cases where various sorts of disturbances and even deaths have followed its injection.

SALVARSAN, NEW INDICATIONS.

These reports might lead to an exaggerated fear of this, our most effective anti-syphilitic drug, were they not subjected to most careful analysis and study. In a recent issue of the *Journal A. M. A.*, Schamberg has investigated the cause of inflammation of cranial nerves following its use. He finds that on the whole, these neuritic (most commonly optic and auditory) complications are not frequent, possibly no more so than after the employment of mercury. They have been encountered almost exclusively in cases of recent lues, and have yielded to either a second injection or to mercury and iodid. None have been reported after the intravenous administration of the drug. In advanced degenerative processes of the central nervous system, and in marked cachexias, salvarsan is apt to produce death; in fact, this is so well known, and universally acknowledged, as to require no discussion. Such reports are common, and no doubt there are still more deaths which most authors will prefer not to put on record. In the *Munchener Medizinische Wochenschrift* of May 16th Martius reviews, at the request of Ehrlich, the deaths after salvarsan in cases of cardiac and vascular disease. Of all known fatalities, but 7 can be attributed to the action of the drug upon the heart. In 5 of these, post mortems revealed the presence of the triad: